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FACSIMILE TRANSMITTAL SHEET

TO: MS: Amendment	FROM: Kenneth F. Smolik
COMPANY: USPTO	DATE: August 18, 2005
FAX NO.: (571) 273-8300	TOTAL NO. OF PAGES: (including cover sheet) 10
YOUR REFERENCE NO.: 10/018,062	OUR REFERENCE (C/M) NO.: 005222.00183
RE:	In re: Appln. Of Beams et al. Appln. No. 10/018,062 Filed: March 6, 2002 For: Creating Collaborative Simulations With Multiple Roles for a Single Student

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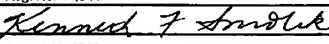
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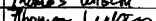
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/018,062	
	Filing Date	March 6, 2002	
	First Named Inventor	Brian Beams	
	Art Unit	2121	
	Examiner Name	Holmes, Michael B.	
Total Number of Pages in This Submission	10	Attorney Docket Number	005222 00183

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> Facsimile Cover Sheet
Remarks: The Commissioner is authorized to debit or credit any deficiency or overpayment from our Deposit Account No. 19-0733.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name Signature Date	Kenneth F. Smolik Reg. No. 44,344  August 18, 2005	

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Thomas Wilson 		
Signature	Date	8/18/05	

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AUG 18 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

(Attorney Docket No. 05222.00183)

In re U.S. Patent Application of Beams, et al.)
)
)
Application No. 10/018,062) Examiner: Holmes, Michael B
)
Filed: March 6, 2002) Group Art Unit: 2121
)
For: CREATING COLLABORATIVE)
SIMULATIONS WITH MULTIPLE)
ROLES FOR A SINGLE STUDENT)

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the non-final Office Action dated May 20, 2005 please enter the following response. The Examiner set a three-month period for response, thus making this Amendment due on or before **August 20, 2005**. Applicant believes there is no fee due in connection with filing this response. However, the Commissioner is authorized to charge any required fees to Deposit Account No. 19-0733.

Please amend this application as follows.

Amendments to the Claims are reflected in the Listing of Claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.